EXHIBIT "F" AFFIDAVIT

| THESTATE | OF TEXAS 9 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THE COUNT | Y OF TARRANT § |
| , Robert Cle bath state the | ment, a member of the Consultant team, make this affidavit and hereby on e following: |
| l, and/or a p entity that w apply): | erson or persons related to me, have the following interest in a business rould be affected by the work or decision on the Project (Check all that |
| | Ownership of 10% or more of the voting shares of the business entity. |
| | Ownership of Twenty Five Thousand and 00/100 Dollars (\$25,000.00) or more of the fair market value of the business entity. |
| | Funds received from the business entity exceed ten percent (10%) of my income for the previous year. |
| | Real property is involved, and I have an equitable or legal ownership with a fair market value of at least Twenty Five Thousand and 00/100 Dollars (\$25,000.00). |
| | A relative of mine has substantial interest in the business entity or property that would be affected by my business decision of the public body of which I am a member. |
| | Other: |
| Χ | None of the Above. |
| mine, in the | his affidavit with the City of Frisco, Texas, I further affirm that no relative of first degree by consanguinity or affinity, as defined in Chapter 573 of the trnment Code, is a member of the public body which took action on the |
| Signed this _ | Gre day of April , 2009. |
| | Signature of Official / Title |
| | E, the undersigned authority, this day personally appeared Robert Clement stated that the facts hereinabove stated are true to the best of his / her |
| | d subscribed before me on this 9 day of 2009 , |
| 2009. | KATHY K. LINGLE Notary Public in and for the State of Texas My Comm. Exp. 03/21/2012 Kathy & Qingle Notary Public in and for the State of Texas My commission expires: 3/21/2012 |
| " THE THE PERSON OF THE PERSON | Commencerous |

EXHIBIT "G" CONFLICT OF INTEREST QUESTIONNAIRE, FORM CIQ

| CONFLICT OF INTEREST QUESTIONNAIRE | FORM CIQ | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|--|
| For vendor or other person doing business with local governmental entity | | | |
| This questionnaire is being filed in accordance with chapter 176 of the Local | OFFICE USE ONLY | | |
| Government Code by a person doing business with the governmental entity. By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code. | Date Received | | |
| A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor. | | | |
| Name of person doing business with local governmental entity. | | | |
| JACOBS ENGINGGRING ERCUP ENC | | | |
| 2 | | | |
| Check this box if you are filing an update to a previously filed questionnaire. | | | |
| (The law requires that you file an updated completed questionnaire with the appropriate September 1 of the year for which an activity described in Section 176.008(a), Local Gow not later than the 7th business day after the date the originally filed questionnaire become | emment Code, is pending and | | |
| Describe each affiliation or business relationship with an employee or contractor of the local recommendations to a local government officer of the local governmental entity with respe- | | | |
| - NONE - | | | |
| Describe each affiliation or business relationship with a person who is a local government | | | |
| employs a local government officer of the local governmental entity that is the subject of th | is questionnaire. | | |
| | | | |

Amended 01/13/2006

EXHIBIT "G" CONFLICT OF INTEREST QUESTIONNAIRE, FORM CIQ

| | CONFLICT OF INTEREST QUESTIONNAIRE | FORM CIQ Page 2 | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| | For vendor or other person doing business with local governmental entity | rugez | |
| Ţ | Name of local government officer with whom filer has affilitation or business relationship. (Complete this section only if the answer to A, B, or C is YES.) | | |
| | This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the f business relationship. Attach additional pages to this Form CIQ as necessary. | iler has affiliation or | |
| | A. Is the local government officer named in this section receiving or likely to receive taxable income from toquestionnaire? | he filer of the | |
| | Yes No | | |
| | B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the officer named in this section AND the taxable income is not from the local governmental entity? | local government | |
| | Yes No | | |
| | C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government as an officer or director, or holds an ownership of 10 percent or more? | ent officer serves | |
| | Yes No | | |
| | D. Describe each affiliation or business relationship. | | |
| | | | |
| | | | |
| J | Describe any other affiliation or business relationship that might cause a conflict of interest. | | |
| | - Nave - | | |
|] | lokan Gennet 4/9/09 | | |
| | Signature of person doing business with the governmental entity Date | | |

Amended 01/13/3406